

## 2+2 Transfer Scholarship Application Year 2015-2016

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A completed application will include this form **and**:

- A completed FAFSA application ***received by March 1<sup>st</sup> for priority awarding (late FAFSA applications will be considered if funds are available);***
- an official college transcript from a community college with a 2.5 minimum cumulative GPA ; ***and if applicable***
- proof that the applicant has registered for selective service (*copy of selective service card*)

**NOTE:**

**Applications will be considered LATE for priority awarding if the FAFSA application is received after March 1, 2015. Be sure to CONFIRM you are forwarding a complete and official transcript. Photocopies or website print outs are not acceptable.**

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_  
Previous name under which records may be kept: \_\_\_\_\_
3. Permanent mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
If under 24, are your parents at this address? ☐ Yes ☐ No
4. E-mail address: \_\_\_\_\_
5. Home telephone: (\_\_\_\_) \_\_\_\_\_ Work telephone: (\_\_\_\_) \_\_\_\_\_
6. Are you a Maryland resident? ☐ Yes ☐ No
7. Are your parents Maryland residents? ☐ Yes ☐ No
8. What is your cumulative GPA? \_\_\_\_\_
9. Which Maryland college are you planning to transfer into for academic year 2015-2016: \_\_\_\_\_
10. Do you intend to enroll full-time for the 2015-2016 academic year: ☐ Yes ☐ No
11. Number of undergraduate credits earned to date: \_\_\_\_\_
12. Degree earned: ☐ Associate's
13. Date \_\_\_\_/\_\_\_\_/\_\_\_\_
13. What will be your college major at your transfer institution (all applicants): \_\_\_\_\_

***YOU MAY NOT LIST UNDECIDED.***

14. List all colleges/universities attended. Use additional paper if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Dates of attendance:  
\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

15. **Certification and Authorization for release of information:** The following signed consent is necessary in order to release student information to Maryland colleges who may be interested in contacting students who have applied for the scholarships indicated above.

**ALL AWARDS ARE SUBJECT TO THE AVAILABILITY OF FUNDS**

Student signature \_\_\_\_\_

Date \_\_\_\_\_